

RECEIVED
CENTRAL FAX CENTER**AUG 28 2006****SUPPLEMENTAL APPLICATION DATA SHEET****APPLICATION INFORMATION**

Application number::	10/057,136
Filing Date::	January 25, 2002
Application Type::	Regular (Continuation)
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	N/A
Number of copies of CDs::	N/A
Sequence submission?::	None
Computer Readable Form (CRF)?::	N/A
Number of copies of CRF::	N/A
Title::	RECOMBINANT POX VIRUS FOR IMMUNIZATION AGAINST MUC1 TUMOR- ASSOCIATED ANTIGEN
Attorney Docket Number::	700953-047113-C2-RCE
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	0
Total Drawing Sheets::	0
Small Entity?::	No
Latin name::	

Variety denomination name::	
Petition included?::	No
Petition Type::	N/A
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent App.?::	No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Jeffrey
Middle Name::	
Family Name::	Schlom
Name Suffix::	
City of Residence::	Potomac
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	10301 Sorrel Avenue
City of mailing address::	Potomac
State or Province of mailing address::	MD
Country of mailing address::	US
Postal or Zip Code of mailing address::	20854

Initial Application Data Sheet - 08/25/2006
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Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Donald
Middle Name::	
Family Name::	Kufe
Name Suffix::	
City of Residence::	Wellesley
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	179 Grove Street
City of mailing address::	Wellesley
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02482

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Judith
Middle Name::	
Family Name::	Kantor
Name Suffix::	

City of Residence::	Rockville
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	1096 Larkspur Terrace
City of mailing address::	Rockville
State or Province of mailing address::	MD
Country of mailing address::	US
Postal or Zip Code of mailing address::	20850

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Donald
Middle Name::	
Family Name::	Kufe
Name Suffix::	
City of Residence::	Wellesley
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	179 Grove Street
City of mailing address::	Wellesley
State or Province of mailing	MA

address::	
Country of mailing address::	US
Postal or Zip Code of mailing address::	02482

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Dennis
Middle Name::	
Family Name::	Panicali
Name Suffix::	
City of Residence::	Acton
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	114 Nonset Path
City of mailing address::	Acton
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02470 <u>01720</u>

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Linda
Middle Name::	
Family Name::	Gritz
Name Suffix::	
City of Residence::	Somerville
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	3 Emerson Street
City of mailing address::	Somerville
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02143

CORRESPONDENCE INFORMATION

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State or Province of mailing address::	MA
Country of mailing address::	US
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REPRESENTATIVE INFORMATION

Representative Customer Number::	50187
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OR

Representative Designation::	Registration Number::	Representative Name::
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Agent of Record	58,109	Candace Summerford
Attorney of Record	30,727	Michael L. Goldman
Attorney of Record	32,163	Joseph Noto
Attorney of Record	35,584	Gunnar G. Leinberg
Attorney of Record	40,087	Edwin V. Merkel

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation	09/366,670	08/03/1999
09/366,670	Continuation	PCT/US98/03693	02/24/1998
PCT/US98/03693	Non-Provisional An application claiming the benefit under 35 USC 119(e)	60/038,254	02/24/1997

FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::

ASSIGNEE INFORMATION

Assignee name::	Therion Biologics Corporation
Street of mailing address::	222 Third Street
City of mailing address::	Cambridge
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02142

Assignee name::	Dana-Farber Cancer Institute
Street of mailing address::	44 Binney Street
City of mailing address::	Boston
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02115

Assignee name::	Department of Health and Human Services, United States of America, The National Institutes of Health
Street of mailing address::	200 Independence Avenue, S.W.
City of mailing address::	Washington
State or Province of mailing address::	DC
Country of mailing address::	US
Postal or Zip Code of mailing address::	20201

Date: 8/28/2006

Respectfully submitted,



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